

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033764

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

8494

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS MO.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St Louis**

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS **205 N. Baltimore Hotel 9th St.**

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First **MARGARET**

Middle **P**

Last **HUTCHINGS**

4. DATE OF DEATH

Month **8**

Day **20**

Year **63**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
June 12, 1888

9. AGE (last birthday)
75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10b. KIND OF BUSINESS OR INDUSTRY
Hotel

11. BIRTHPLACE (City and state or country)
St Louis Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George C Hutchings

13b. MOTHER'S MAIDEN NAME

Mary Jane Macklin

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary E Bosse 4200 Osceola

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MIddle cerebral artery thrombosis

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

arteriosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

420.0

PART III. If deceased was female, was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8/13/63** to **8/20/63** and last saw her alive on **8/20/63**
Death occurred at **3:15 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree, or title)

Richard L. Phillips M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

8/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

23b. DATE
8/22/63

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Crematory

23d. LOCATION (City, town, or county)
St Louis County

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

AUG 21 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

PHILLIS

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald B. [Signature]

Licensed Embalmer No.

Off 63

P. O. Address

[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.